

**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF GREAT BARRINGTON  
APPLICATION FOR MOTION PICTURE LICENSE**

**FEE: \$100.00**

**DATE: \_\_\_\_\_**

LICENSE NUMBER: \_\_\_\_\_

**TO THE LICENSING AUTHORITY:**

The undersigned hereby applies for a Motion Picture License in accordance with the provisions relating thereto:

OWNER(S) NAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

D/B/A (if applicable): \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION WHERE LICENSE IS TO BE USED: \_\_\_\_\_

\_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

DESCRIPTION OF PREMISES: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, Sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual  
Or Corporate Name

By: \_\_\_\_\_  
Corporate Officer  
(if applicable)

SS# \_\_\_\_\_

or

FID# \_\_\_\_\_

